

Application Data Sheet**Application Information**

Application number::
Filing Date:: February 15, 2005
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: Yes
Computer Readable Form (CRF)?:: Yes
Number of copies of CRF::
Title:: ✓BRAIN ENDOTHELIAL CELL EXPRESSION
PATTERNS
Attorney Docket Number:: 003482.00020
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: NO
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stephen
Middle Name:: I.
Family Name:: ✓ MADDEN
Name Suffix::
City of Residence:: Sudbury
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: 137 Nobscot Road
City of mailing address:: Sudbury
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 01776

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Clarence
Middle Name:: J.
Family Name:: WANG
Name Suffix::
City of Residence:: Arlington
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: 10 Freeman Street
#2

City of mailing address:: Arlington
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 02474

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: ✓ Brian
Middle Name:: P.
Family Name:: COOK
Name Suffix::
City of Residence:: Northboro
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: 6 Hoover Road, Northboro
City of mailing address:: Northboro
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 01532

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: ✓ John
Middle Name::
Family Name:: LATTERA
Name Suffix::

City of Residence:: Baltimore
State or Province of Residence:: MD
Country of Residence:: USA
Street of mailing address:: c/o Johns Hopkins University
100 N. Charles Street, 5th Floor

City of mailing address:: Baltimore
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 21201

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kevin
Middle Name::
Family Name:: WALTER
Name Suffix::
City of Residence:: Pittsburgh
State or Province of Residence:: PA
Country of Residence:: USA
Street of mailing address:: University of Pittsburgh
Suite B-400
200 Lothrop Street

City of mailing address:: Pittsburgh
State or Province of mailing address:: PA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 15213

Correspondence Information

Correspondence Customer Number::  22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2003/025614	15 August 2003
PCT/US2003/025614	Non-Provisional of	60/403,390	15 August 2002
PCT/US2003/025614	Non-Provisional of	60/458,978	1 April 2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: GENZYME CORPORATION

Street of mailing address:: One Mountain Road

City of mailing address:: Framingham

State or Province of mailing address:: MA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 01701

Assignee Information

Assignee name:: THE JOHNS HOPKINS UNIVERSITY
Street of mailing address:: 100 N. Charles Street, 5th Floor
City of mailing address:: Baltimore
State or Province of mailing address:: MD
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 21201